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Form 990-PF

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

2013

Department of the Treasury

► Do not enter Social Security numbers on this form as it may be made public. ► Information about Form 990-PF and its separate instructions is awww.irs.gov/form990pf.

<u> </u>		Gervice								
For ca	lenda	r year 2013, or ta	x year beginnii	ng	,	2013,	and ending			
TEAL	V-ARI	RAHAM PY ME	MORTAL FO	INDAT	TON. TNC			A	Employer identification nur 46-3797622	nber
2 <u>670</u>	DAN	IEL PY 1 H	ELENA AVE	0112111	1011, 1110			B	Telephone number (see the	unctructions)
1.ARC	CHMO	NT, NY 1053	8						212~660~4283	insudctions)
2		,	. •					\vdash	212 000 4203	
PCSTT WRK DATE								c	If exemption application is	pending, check here
ÇG CH	neck al	that apply:	【 initial return	Ĺ			ner public charity	[
15			Final return		Amended return	1		D	 Foreign organizations, chec 	k here .
			Address char	ige [Name change			ļ.	2 Foreign organizations meet	ing the 85% test check
131	Check	type of organizat	tion: X Sec	tion 501	(c)(3) exempt priv	vate f	oundation	1	here and attach computation	in .
甚.		ction 4947(a)(1) r					private foundation	l_	·	
	<u> </u>		Toricxempt cha					E	If private foundation status	
		ket value of all assets		_		XC	ash Accrual		under section 507(b)(1)(A)	<u> </u>
		art II, column (c), line	16)	- 11	Other (specify)			F	If the foundation is in a 60	
>		96,	180.	(Part I,	column (d) must	be on	cash basis)		under section 507(b)(1)(B)	, check here.
Part	IA	nalysis of Rev	venue and		(a) Revenue an	<u></u>	(b) Net investme	nt	(c) Adjusted net	(d) Disbursements
	E	xpenses (The t	total of amount	s <i>in</i>	expenses per be		Income	111	income	for charitable
		olumns (b), (c), a			J					purposes (cash
	52 /s	nrily equal the am ee instructions))	iounts in colum	n (a)						basis only)
	- 1	Contributions, gifts, g		(att sch)	97,0	40				
	2				31,0	40.	1 11 1	,		
	3	Interest on savi	undn is not req to at							
	"	cash investmen	ts .	aly .		ı				
	4	Dividends and intere					 			
	_	Gross rents.	, ,							
) Ł	Net rental income				\neg	-2	١.		
R	6.	or (loss) Net gain/(loss) from s	sale of assets not or	line 10			W. '			4 10 11
Ë		Gross sales price for		Time to			1.5		· · · · · · · · · · · · · · · · · · ·	
E	7	assets on line 6a .			ļ,	,. J			'	1 × 00
E N	8	Capital gain net incor Net short-term of		e 2)			 			
Ü	9	Income modifica		•	<u> </u>	-7				
Ĕ	-						11 74 71 2	11.1	7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7	Page Alexander
	'''	Gross sales less returns and allowances .			11-1-	•- , <u>,</u>	1			
) 1	Less Cost of			l.					
		goods sold								0.4
		Gross profit/(loss)								. ,
	j 11	Other income (a	attach schedule)						
		- · · · · · · ·								1 1000
		Total. Add lines		• • • •	97,0			0.	0.	<u> </u>
	13	Compensation of office		es, etc .		0.			_ 	
	14	Other employee sala	-							
	15	Pension plans,		itits						
A		Legal fees (attach so		•		_				
D IV	. 1	Accounting fees (att	tach sch)	DEC	P- 11 / P-					
I N	(Other prof fees (atta	ach sch) .	KEU	EIVED			_		L
O i	17	Interest .			į (Q				D	
Ęτ	18	Taxes (attach schedule)(se		OCT	<u> 3 2016 ල්</u>				中心	
R R		Depreciation (at	ttach m	501	3 2010 - 35 25 25 25 25 25 25 25 25 25 25 25 25 25				Op Crey	A the plainter sees, a
א ה ז ד	1	sch) and deplet							Do AN	<u> </u>
NY		Occupancy . Travel, conferen		OGD	ENIT				-C/	<u>k, </u>
-		ravel, conferen	nces, and most	ings -					70.	<u> </u>
A E	22	Printing and put	blications		 				PAR TIME	<u></u>
r D ĝ	23	Other expenses			,	ا م			Och in "B	0.00
) E			<u>ee Stateme</u>		8	60.		_	_ VOC. \C	860.
3	24	Total operating	and administr	ative	,	ا م			~V ~7	0.00
) E	1	expenses. Add I Contributions, gifts,		1 43	8	60.				860.
	25	-	•							
•	26	Total expenses Add lines 24 an	and disbursen id 25	ients.	,	60.		0.	0.	860.
-	 27	Subtract line 26			 	٠٠.		٠.	U.	1.000
<u>.</u>	1	Excess of rever		SPS					(n 4 ^{rr} =	1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
3 5 1) '	and disburseme			96,1	80.	,		1	
-	t	Net investment inco	me (if negative, ente	r -0-1				0.		
		Adjusted net income		•					0.	
BAA		perwork Reducti			tructions.			TEEA	N0504L 10/18/13	Form 990-PF (2013)

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rait.i	(a) List and describe	the kind(s) of property sold (e.g., re or common stock, 200 shares MLC	al estate,	(b) How acqu P — Purcha D — Donati	ise (month, day, year)	(d) Date sold (month, day, year)
1a N	Ι/Δ			D Donau		
b	·/π					
С						
d		*				
е						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sal		(h) Gain or (e) plus (f) m	
a						
b						
c						
	omplete only for assets showing	ng gain in column (h) and owned by	the foundation on 12/31/69		(I) Gains (Co	umn (h)
	(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if ar		gain minus column (l than -0-) or Losses (fr	(), but not less
а						
b						
С						
d					· · - = - · ·	
ее					<u> </u>	
	apıtal gaın net ıncome or (net	If (loss), en	enter in Part I, line 7 ter -0- in Part I, line 7		2	
	, , ,	oss) as defined in sections 1222(5) a				
If In	n Part I, line 8	8, column (c) (see instructions). If (-	3	
Part \		Section 4940(e) for Reduced foundations subject to the section 4			e N/A	
Was the	the foundation does not quali	ion 4942 tax on the distributable am fy under section 4940(e). Do not cor	nplete this part.		Yes	No
<u>1 E</u>		each column for each year; see the		arry entries		
Ca	(a) Base period years slendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use ass	ets	(d) Distribution (column (b) divided)	
	2012					
	2011					
	2010					
	2009					
	2008					
2 T	otal of line 1, column (d) .	•••			2	
3 A	verage distribution ratio for the umber of years the foundation	e 5-year base period– divide the tota has been in existence if less than 5	al on line 2 by 5, or by the years		3	
4 E	nter the net value of noncharit	able-use assets for 2013 from Part :	X, line 5		4	
5 M	fultiply line 4 by line 3				5	
				-	-	
	nter 1% of net investment inco	ome (1 % of Fart I, line 2/0)	••	•		
	dd lines 5 and 6 .				7	
8 E	nter qualifying distributions fro	om Part XII, line 4			8	
lf P	line 8 is equal to or greater the	an line 7, check the box in Part VI,	line 1b, and complete that p	art using a	1% tax rate. See th	е

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	n 990-PF (2013) JEAN-ABRAHAM PY MEMORIAL FOUNDATION, INC 46- rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948- see	37976			P	age 4
	a Exempt operating foundations described in section 4940(d)(2), check here \(\rightarrow\) and enter 'N/A' on line 1.	11131140		—		
•	Date of ruling or determination letter (attach copy of letter if necessary— see instrs)					
	b Domestic foundations that meet the section 4940(e) requirements in Part V,	,				0
1		1				0.
	check here. and enter 1% of Part I, line 27b All other demostra foundations enter 2% of line 27b Exampt foreign organizations enter 4% of Part I, line 13 column (b)					
	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)	-				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable					_
-	foundations only. Others enter -0-)	2				<u>0.</u>
3	Add lines 1 and 2	3				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment incomeSubtract line 4 from line 3. If zero or less, enter -0-	5	· +1			0.
6	Credits/Payments:		1			
	a 2013 estimated tax pmts and 2012 overpayment credited to 2013					
	b Exempt foreign organizations – tax withheld at source 6 b		1			
	c Tax paid with application for extension of time to file (Form 8868)					
	d Backup withholding erroneously withheld					
7	Total credits and payments. Add lines 6a through 6d	7				0.
8	Enter any penalty for underpayment of estimated tax. Check here	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enteramount owed	9				0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				_
11	Enter the amount of line 10 to be: Credited to 2014 estimated tax Refunded	11				
Pa	rt VII-A Statements Regarding Activities					
1:	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?			l a	Yes	No X
I	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?			l b		
	If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any materials pu	 blished	-	<u> </u>	-,	X
	or distributed by the foundation in connection with the activities					
	c Did the foundation file Form 1120-POL for this year?		1	l c		X.
•	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation ►\$ 0. (2) On foundation managers ►\$				1 1	5.1
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	on	0.	-		
	foundation managers >\$ 0.	011	ŀ			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		. 7	2		X
	If 'Yes,' attach a detailed description of the activities		1 1	7		
_	· · · · · · · · · · · · · · · · · · ·	_				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, article of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	5		3		X
4	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		<u> </u>	1 a		X
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?			1 b	N	/A
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		<u> </u>	\rightarrow		X
_	If 'Yes,' attach the statement required by General Instruction T			<u> </u>	1,1	1 1
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		ľ	ł	POW	
٠	By language in the governing instrument, or				, , , ,	
					1.1	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that c with the state law remain in the governing instrument?	onflict		;	Х	ii
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV		<u> </u>	eg	X	
	a Enter the states to which the foundation reports or with which it is registered (see instructions)			_		
	NY _		-			
ı	b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		- [
	or designate) of each state as required by <i>General Instruction G? If 'No,' attach explanation</i>		8	3 b	X	
9		10121		300		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV) If 'Yes,' complete	Part X	//: Te	9		X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their nand addresses See. Statement	ames 2	10	,	х	

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c If the provisions of section 4942(a)(2) are being applied to the years listed in 2a, list the years 20 , 20 , 20	s here.	
a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes	X
b If 'Yes,' did it have excess business holdings in 2013 as a result o(1) any purchase by the foundation or disqualified persons after May 26, 1969;(2) the lapse of the 5-year period (or longer period appropriate Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; (3) the lapse of the 10-, 15-, or 20-year first phase holding period?(Use Schedule C, Form 4720, to		

4 a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

determine if the foundation had excess business holdings in 2013.)

b Did the foundation make any inve	estment in a prior	year (but after Decembe	r 31, 1969) that could
jeopardize its charitable purpose	that had not been	removed from jeopardy	before the first day of
the tax year beginning in 2013?			

3 b N 4a 4 b

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Part VII-B Statements Regarding Activiti		4720 May Be Req	uired (conti	nued)			
5 a During the year did the foundation pay or incu	-				-		1
(1) Carry on propaganda, or otherwise attemp	_		∐ Y	es X I	No		
(2) Influence the outcome of any specific publi on, directly or indirectly, any voter registra	ic election (see section tion drive?	4955); or to carry	□ Y	es X	No	-	
(3) Provide a grant to an individual for travel,	study, or other sımılar ı	purposes?,	∐ Y	es XI	No		
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	ian a charitable, etc, or 4940(d)(2)? (see instru	ganization described ictions)	Y	es 🗓 l	No	-	
(5) Provide for any purpose other than religious educational purposes, or for the prevention	n of cruelty to children	or animals? .		es X	No		
b If any answer is 'Yes' to 5a(1)-(5), didany of the described in Regulations section 53.4945 or in (see instructions)?			ions :		51	N/A	_
Organizations relying on a current notice regains	_			▶ ∐			
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure responsible 'Yes,' attach the statement required by Regularity	sibility for the grant?	• •	N/A Y	es 🔲	No ,		
6 a Did the foundation, during the year, receive ar on a personal benefit contract?			∐Y	es XI			
b Did the foundation, during the year, pay premi	ums, directly or indirec	tly, on a personal bene	fit contract?		. 6 t		X
If 'Yes' to 6b, file Form 8870 7 a At any time during the tax year, was the found	lation a party to a proh	ıbıted tax shelter transa	action?	es XI	No		
b If 'Yes,' did the foundation receive any procee	ds or have any net inco	ome attributable to the t	transaction?	. N	/A 71)	
Part VIII Information About Officers, Dire	ctors, Trustees, Fo	undation Managers	, Highly Paic	Emplo	yees,		
and Contractors							
1 List all officers, directors, trustees, foundatio					(a) [a.		
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contribution employee to plans and donormones.	enefit eferred		nse accour allowance	
See Statement 3							
		0.		0.		(0.
						•	
2 Compensation of five highest-paid employee	s (other than those inc	luded on line 1 see ins	tructions). If n	one, ente	er 'NONE.'		
(a) Name and address of each employee	(b) Title, and average	(c) Compensation	(d)Contribution	ons to	(e) Exper	se accou	
paid more than \$50,000	hours per week devoted to position		employee to plans and d compensa	eferred	other	allowance)S
None							
-							
						<u> </u>	
Total number of other employees and over \$50,000				•			<u></u>
Total number of other employees paid over \$50,000 BAA	TEEA0306L 0	7/10/13	<u> </u>		Form 9	90-PF (20	13)

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Pa	rt VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Empand Contractors (continued)	loyees,	
	Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'		-
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compens	sation
Noi		- (3)	
 -		-	
Tota	Il number of others receiving over \$50,000 for professional services	•	0
Pai	rt IX-A Summary of Direct Charitable Activities		
List ti organ	he foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of izations and other beneficiaries served, conferences convened, research papers produced, etc.	Expense	es
1	N/A	_	
		-	
2		_	
		_	
3		-	
		-	
		-	
4			
		_	
Pai	rt IX-B Summary of Program-Related Investments (see instructions)		
Des	cribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amoun	t
1			
	N/A		
_			
2		-	
		-	
All	other program-related investments. See instructions.		

Total. Add lines 1 through 3
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Pà	TX Minimum Investment Return (All domestic foundations must complete this part. Fo	reign	
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes:		
	A Average monthly fair market value of securities	1 a	
1	Average of monthly cash balances .	1 b	80,723.
	Fair market value of all other assets (see instructions)	1 c	
	Total (add lines 1a, b, and c)	1 d	80,723.
•	Reduction claimed for blockage or other factors reported on lines 1a and 1c		
	(attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	80,723.
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3		
•	(for greater amount, see instructions)	4	1,211.
5	Net value of noncharitable-use assetsSubtract line 4 from line 3. Enter here and on Part V, line 4	5	79,512.
6	Minimum investment return Enter 5% of line 5	6	3,976.
Par		ating 1	foundations
	and certain foreign organizations check here ► and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	3,976.
2 :	Tax on investment income for 2013 from Part VI, line 5		
-	Income tax for 2013. (This does not include the tax from Part VI)		
•	Add lines 2a and 2b .	2 c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	3,976.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	3,976.
6	Deduction from distributable amount (see instructions)	6	-,,,,,,
7	Distributable amountas adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	3,976.
			.570700
Pa	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes:		
	Expenses, contributions, gifts, etc – total from Part I, column (d), line 26	1 a	860.
1	Program-related investments – total from Part IX-B	1 b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the: Suitability test (prior IRS approval required)		
		3 a	
_	Cash distribution test (attach the required schedule)	3 b	0.60
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	860.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	860.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether	r the fo	oundation

qualifies for the section 4940(e) reduction of tax in those years.

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Part XIII Undistributed Income (see instructions)

•	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI, line 7		_		3,976.
2 Undistributed income, if any, as of the end of 2013:	d	1		
a Enter amount for 2012 only	To provide the second		0.	1,
b Total for prior years: 20, 20, 20		0.		-
3 Excess distributions carryover, if any, to 2013:			'PT'	1
a From 2008			1	,
b From 2009		· 1	,	
c From 2010	-	2.45	1	
d From 2011	1 600	114, % 17		
e From 2012		1 1 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		,
f Total of lines 3a through e	0.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
4 Qualifying distributions for 2013 from Part XII, line 4: ► \$ 860	1 4		, ,	·
XII, line 4: \$ 860. a Applied to 2012, but not more than line 2a		' '		٠,
,,			0.	g, f. ts
 Applied to undistributed income of prior years (Election required – see instructions) 	u - 76**	0.	entropy (fig. 1) and the second of the secon	All
c Treated as distributions out of corpus (Election required – see instructions)	0.	148 144 22 A 142 PASA		Company of the Compan
d Applied to 2013 distributable amount	* + + + + = = = + = 1	· / / / / / / / / / / / / / / / / / / /		860.
e Remaining amount distributed out of corpus	0.	1 4 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	1 11 Wing 1961 1	
5 Excess distributions carryover applied to 2013	0.	Land to the second	Karaman and America	0.
(If an amount appears in column (d), the same amount must be shown in column (a))	Wall.	: Pakalija ji ja 1844	frage of the second	racial distriction of the second
same amount must be shown in column (a))		= may visitali y Viritana Usti		
6 Enter the net total of each column as				
indicated below:	1			- ' ' '
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.	1 1	- 1701 %	$^{\prime}$ $47p^{6}$.
b Prior years' undistributed income. Subtract line 4b from line 2b	1 1 2	0.	A Company of the Comp	
c Enter the amount of prior years' undistribut-	, -		- 10 km 1	1.1.1
ed income for which a notice of deficiency has been issued, or on which the section	,		Min Ch	- 60
4942(a) tax has been previously assessed		0.	#1 ()	
d Subtract line 6c from line 6b. Taxable amount — see instructions		0.		1 (1 (1) (1) (1) (1) (1) (1) (1)
e Undistributed income for 2012 Subtract line 4a from		1 1 7 1		1211
line 2a Taxable amount — see instructions		1 1 2 1 1 1 1 1 2 1 2 2 2 2 2 2 2 2 2 2	0.	
f Undistributed income for 2013. Subtract lines		i ha	Control of the second	
4d and 5 from line 1. This amount must be distributed in 2014	Li -		e timbre de la companya de la compan	3,116.
7 Amounts treated as distributions out of		9,11794		3,110.
corpus to satisfy requirements imposed		1 1990	$= -\frac{1}{4\pi^2} \left[\frac{1}{2} \left(\frac{1}{2} \left(\frac{1}{2} \right) + \frac{1}{2} \left(\frac{1}{2} \left(\frac{1}{2} \right) \right) \right] + \frac{1}{2} \left(\frac{1}{2} \left(\frac{1}{2} \left(\frac{1}{2} \right) \right) \right) + \frac{1}{2} \left(\frac{1}{2} \left(\frac{1}{2} \left(\frac{1}{2} \right) \right) + \frac{1}{2} \left(\frac{1}{2} \left(\frac{1}{2} \right) \right) + \frac{1}{2} \left(\frac{1}{2} \left(\frac{1}{2} \left(\frac{1}{2} \right) \right) + \frac{1}{2} \left(\frac{1}{2} \left(\frac{1}{2} \left(\frac{1}{2} \right) \right) + \frac{1}{2} \left(\frac{1}{2} \left(\frac{1}{2} \left(\frac{1}{2} \right) \right) + \frac{1}{2} \left(\frac{1}{2} \left(\frac{1}{2} \left(\frac{1}{2} \right) \right) + \frac{1}{2} \left(\frac{1}{2} \left(\frac{1}{2} \left(\frac{1}{2} \right) \right) + \frac{1}{2} \left(\frac{1}{2} \left(\frac{1}{2} \left(\frac{1}{2} \right) \right) + \frac{1}{2} \left(\frac{1}{2} \left(\frac{1}{2} \left(\frac{1}{2} \right) \right) + \frac{1}{2} \left(\frac{1}{2} \left(\frac{1}{2} \left(\frac{1}{2} \left(\frac{1}{2} \right) \right) + \frac{1}{2} \left(\frac{1}{2} \left(\frac{1}{2} \left(\frac{1}{2} $	2 - k
by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0.			
8 Excess distributions carryover from 2008 not		3 1 1		
applied on line 5 or line 7 (see instructions)	0.		,	[mark 106:
9 Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a	0.			BANA ANTON A
10 Analysis of line 9:	The first state of the state of	1		A Trip & 1 May to the second and a second at the second at
a Excess from 2009		mantistration of	n righter i ga	
b Excess from 2010	- 1517 Harris Harris			Market State of the State of th
c Excess from 2011		To all the state of the state o		
d Excess from 2012		To the transfer of this	The second	F
e Excess from 2013		the state of the s	* *! .	*

Form 990-PF (2013) JEAN-ABRAHAM PY N	MEMORIAL FOU	INDATION, INC	· · · · · · · · · · · · · · · · · · ·	46-3797622	2 Page 10
Part XIV Private Operating Foundat			· •		N/A
1 a If the foundation has received a ruling or d is effective for 2013, enter the date of the	letermination lette ruling	r that it is a private	operating foundation	n, and the ruling ►	
b Check box to indicate whether the foundat	ion is a private op	erating foundation o	described in section	4942(j)(3) or	4942(J)(5)
2 a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		
investment return from Part X for each year listed	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total
b 85% of line 2a				-	
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test – enter:					
(1) Value of all assets		<u> </u>			<u> </u>
(2) Value of assets qualifying under section 4942(j)(3)(B)(i) b 'Endowment' alternative test— enter 2/3 of					·
minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test – enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalities)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					-
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
Part XV Supplementary Information (assets at any time during the	(Complete this	part only if the	foundation had	\$5,000 or more	in
Information Regarding Foundation Manag List any managers of the foundation who h close of any tax year (but only if they have DANIEL PY	ers: ave contributed m	ore than 2% of the	total contributions re section 507(d)(2).)	eceived by the found	dation before the
b List any managers of the foundation who o	wn 10% or more	of the stock of a cor	poration (or an equa	ally large portion of	the ownership of
a partnership or other entity) of which the f	roundation has a 1	0% or greater inter	est.		
2 Information Regarding Contribution, Gran	t. Gift. Loan. Scho	larship, etc. Progra	ams:		
Check here ☐ If the foundation only m requests for funds. If the foundation makes complete items 2a, b, c, and d.	akes contributions	to preselected cha	ırıtable organızatıons		
a The name, address, and telephone number	or e-mail of the p	person to whom app	lications should be	addressed:	
G G					
See Statement 4 b The form in which applications should be s	ubmitted and info	mation and materia	ola thou should include		
	abinitied and injoi	mation and materia	as trey should includ	ie.	
See Statement for Line 2a c Any submission deadlines:	 				
See Statement for Line 2a	uch ac by googra-	high proce shorts	blo fiolds lands of :-	actitutions of the	factors
d Any restrictions or limitations on awards, so	uun as by geograp	nncar areas, charita	bie lielus, kilīds of lī	isulutions, or other	iactors;
See Statement for Line 2a					

3 Grants and Contributions Paid During the Ye	ear or Approved for Fut	ure Paymen		N/A
	If recipient is an individual,			1771
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient		ļ <u>.</u>
a Paid during the year				
		1		
		ĺ		
				}
		1		
Total	. 		. ▶ 3:	3
b Approved for future payment				
• , , , , , , , , , , , , , , , , , , ,				
		}		
				1
				İ
Total .		1		b

Part XVI-A Analysis of Income-Producing Activities

Ente	r gross amounts unless otherwise indicated.	Unrelate	d business income	Excluded	l by section 512, 513, or 514	(a)
1	Program service revenue:	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	(e) Related or exempt function income (See instructions.)
' a				Code		
b				<u> </u>		•
c						
d			_			
e						
f						
-	Fees and contracts from government agencies					
	Membership dues and assessments					
3 4	Interest on savings and temporary cash investments Dividends and interest from securities			 		
-	Net rental income or (loss) from real estate:	,	1 1			
	Debt-financed property			-		
	Not debt-financed property					
	Net rental income or (loss) from personal property					· · · ·
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory					•
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue:				- "	
a			· · · · · · · · · · · · · · · · · · ·			
b				ļ		
d						
e	-					
•						
12	Subtotal. Add columns (b), (d), and (e) .					
	Subtotal. Add columns (b), (d), and (e) . Total. Add line 12, columns (b), (d), and (e)			<u> </u>	13	0.
13	L. Company of the Com	s.)		. ,	13	0.
13 See	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation	•				0.
13 See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the	Accompli	shment of Exempt	Purpo	ses	
13 See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation. t XVI-B Relationship of Activities to the Activity for which income.	Accomplis	shment of Exempt	Purpo	ses	to the
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation. TXVI-B Relationship of Activities to the Activities to the Activities to the Activity for which incomplishment of the foundation's exempt p	Accomplis	shment of Exempt	Purpo	ses	to the
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation. t XVI-B Relationship of Activities to the Activity for which income.	Accomplis	shment of Exempt	Purpo	ses	to the
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation. TXVI-B Relationship of Activities to the Activities to the Activities to the Activity for which incomplishment of the foundation's exempt p	Accomplis	shment of Exempt	Purpo	ses	to the
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation. TXVI-B Relationship of Activities to the Activities to the Activities to the Activity for which incomplishment of the foundation's exempt p	Accomplis	shment of Exempt	Purpo	ses	to the
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation. TXVI-B Relationship of Activities to the Activities to the Activities to the Activity for which incomplishment of the foundation's exempt p	Accomplis	shment of Exempt	Purpo	ses	to the
13 See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation. TXVI-B Relationship of Activities to the Activities to the Activities to the Activity for which incomplishment of the foundation's exempt p	Accomplis	shment of Exempt	Purpo	ses	to the
13 See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation. TXVI-B Relationship of Activities to the Activities to the Activities to the Activity for which incomplishment of the foundation's exempt p	Accomplis	shment of Exempt	Purpo	ses	to the
13 See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation. TXVI-B Relationship of Activities to the Activities to the Activities to the Activity for which incomplishment of the foundation's exempt p	Accomplis	shment of Exempt	Purpo	ses	to the
13 See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation. TXVI-B Relationship of Activities to the Activities to the Activities to the Activity for which incomplishment of the foundation's exempt p	Accomplis	shment of Exempt	Purpo	ses	to the
13 See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation. TXVI-B Relationship of Activities to the Activities to the Activities to the Activity for which incomplishment of the foundation's exempt p	Accomplis	shment of Exempt	Purpo	ses	to the
13 See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation. TXVI-B Relationship of Activities to the Activities to the Activities to the Activity for which incomplishment of the foundation's exempt p	Accomplis	shment of Exempt	Purpo	ses	to the
13 See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation. TXVI-B Relationship of Activities to the Activities to the Activities to the Activity for which incomplishment of the foundation's exempt p	Accomplis	shment of Exempt	Purpo	ses	to the
13 See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation. TXVI-B Relationship of Activities to the Activities to the Activities to the Activity for which incomplishment of the foundation's exempt p	Accomplis	shment of Exempt	Purpo	ses	to the
13 See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation. TXVI-B Relationship of Activities to the Activities to the Activities to the Activity for which incomplishment of the foundation's exempt p	Accomplis	shment of Exempt	Purpo	ses	to the
13 See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation. TXVI-B Relationship of Activities to the Activities to the Activities to the Activity for which incomplishment of the foundation's exempt p	Accomplis	shment of Exempt	Purpo	ses	to the
13 See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation. TXVI-B Relationship of Activities to the Activities to the Activities to the Activity for which incomplishment of the foundation's exempt p	Accomplis	shment of Exempt	Purpo	ses	to the
13 See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation. TXVI-B Relationship of Activities to the Activities to the Activities to the Activity for which incomplishment of the foundation's exempt p	Accomplis	shment of Exempt	Purpo	ses	to the
13 See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation. TXVI-B Relationship of Activities to the Activities to the Activities to the Activity for which incomplishment of the foundation's exempt p	Accomplis	shment of Exempt	Purpo	ses	to the
13 See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation. TXVI-B Relationship of Activities to the Activities to the Activities to the Activity for which incomplishment of the foundation's exempt p	Accomplis	shment of Exempt	Purpo	ses	to the
13 See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation. TXVI-B Relationship of Activities to the Activities to the Activities to the Activity for which incomplishment of the foundation's exempt p	Accomplis	shment of Exempt	Purpo	ses	to the
13 See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation. TXVI-B Relationship of Activities to the Activities to the Activities to the Activity for which incomplishment of the foundation's exempt p	Accomplis	shment of Exempt	Purpo	ses	to the

Form 990-PF (2013) JEAN-ABRAHAM PY MEMORIAL FOUNDATION, INC 46-379762 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

		· · · · · · · · · · · · · · · · · · ·					
1 D d ro	Did the organization direct lescribed in section 501(c elating to political organiz	tly or indirectly e :) of the Code (o zations?	engage in any of the following with the than section 501(c)(3) organ	th any other organizationizations) or in section	on 527,		Yes No
аT	ransfers from the reporting	ng foundation to	a noncharitable exempt organiza	ation of:			
C	1) Cash					1 a (1)	X
						1 a (2)	Х
	Other transactions:					7, 77, 77	
C	(1) Sales of assets to a noncharitable exempt organization						X
							$\frac{x}{x}$
			r assets				X
			•••••				X
							X
			ip or fundraising solicitations			1 b (6)	Х
c S	haring of facilities, equip	ment, mailing lis	sts, other assets, or paid employe	ees		1 c	X
a	ny transaction or sharing	arrangement, st	complete the following schedule by the reporting foundation. If th how in column(d) the value of the	goods, other assets,	or services received.		
(a) Line	no. (b) Amount involved	(c) Name o	of noncharitable exempt organization	(d) Description of tran	sfers, transactions, and s	haring arran	gements
N/A		_					
			· · · · · · · · · · · · · · · · · · ·				
						_	
	·						
		 			-		
							
	<u> </u>		- ·				
							
						_	
				•			
		<u> </u>				•	
	-		· · · · · · · · · · · · · · · · · · ·				
							
de	s the foundation directly of escribed in section 501(c) 'Yes,' complete the follo) of the Code (ot	ated with, or related to, one or m ther than section 501(c)(3)) or in	section 527.2	zations ······	. Yes	XNo
	(a) Name of organiza		(b) Type of organization	· · · ·) Description of relat	ionshin	
N/A	(a) Harris of organiza	20011	(B) Type of organization) Boodinpaori or rola		
14/ II			- · <u></u> ·	-	_		
					 		
			· · · · · · · · · · · · · · · · · · ·	_			
						_	
			·				
	Under penalties of perjury, I declar	e that I have examined	this return, including accompanying schedules than taxpayer) is based on all information of	and statements, and to the best	of my knowledge and belief,	it is true,	
C:mm	t onect, and complete, becarain	or or brebater forter o	ment taxpayery is based out all illionnadors of	milial preparer has any knom	cage.	May the II	RS discuss
Sign	1 //	Λ	1.6/ 4	_		this return	n with the shown below
Here	She will	<u>. / 为</u>	9/25/11	Treasurer	<u> </u>	(see instr	uctions)?
	Signature of officer or trustee		Date	Title			Yes No
	Print/Type preparer's r		Preparer's angnature	Date	CHECK (12/16)	MIT	
Paid	Flower 14	Luina	12411	_ 9/1/10	self-employed	1004	135062
. Prepa		O'Donnell	& Tessitore LLP		Firm's EIN ► 04-29		
		76 Bedford			0 - 25	<u> </u>	
Use O					Chang no /701\	063-0	1610
		Lexington,	PAR U242U			863-0	
BAA						Form 990)-PF (2013)

Schedulè B (Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

2013

Department of the Treasury Internal Revenue Service

► Attach to Form 990, Form 990-EZ, or Form 990-PF ► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is abww.irs.gov/form990.

OMB No 1545-0047

Name of the organization	Employer Identification number					
JEAN-ABRAHAM PY MEMORIAL FOUNDATION, INC 46-3797622						
Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
	527 ponticul organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a priva	ate foundation				
	501(c)(3) taxable private foundation					
Check if your organization is covered by the Ge	neral Rule or a Special Rule.					
Note Only a section 501(c)(7) (8) or (10) orga	nization can check boxes for both the General Rule and a Si	necial Rule. See instructions				
	The deficit of the design of the design as the design of t	pecial Nate. See Mattactions.				
General Rule						
X For an organization filing Form 990, 990-E2 contributor. (Complete Parts I and II.)	, or 990-PF that received, during the year, \$5,000 or more (i	in money or property) from any one				
Special Rules						
For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections						
509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$\frac{1}{3}\$\$ \$5,000 or \$\$ (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for useexclusively for religious, charitable, scientific, literary, or educational purposes, or						
the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year,						
contributions for use exclusively for religious, charitable, etc, purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for arexclusively religious, charitable, etc,						
purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively						
religious, charitable, etc, contributions of \$5,000 or more during the year . ▶\$						
Caution: An organization that is not covered by	the General Rule and/or the Special Rules does not file Sch	edule B (Form 990, 990-EZ, or				
990-PF) but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						
,,,		· · · /·				

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF.

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2013)

Page

1 of

1 of Part 1

Name of organization

JEAN-ABRAHAM PY MEMORIAL FOUNDATION, INC

Employer identification number

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Ł	0~	31	197	עס י	

Part In Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) Number (b) Name, address, and ZIP + 4 (d)
Type of contribution (c) Total contributions X Person DANIEL PY 1___ Payroll 1 HELENA AVE 26,240. Noncash (Complete Part II for LARCHMONT , NY 10538 noncash contributions.) (a) Number (b) Name, address, and ZIP + 4 (c) Total (d)
Type of contribution contributions Person X JOSEPH AUDI Payroll 4 PRYER LANE 5,000 Noncash (Complete Part II for LARCHMONT, NY 10538 noncash contributions.) (d)
Type of contribution (c) Total contributions (a) Number (b) Name, address, and ZIP + 4 Person X CHRISTIAN BAILLET Payroli BLUELIWEG 16 9,990 Noncash (Complete Part II for LAUENEN, Switzerland noncash contributions.) (b) Name, address, and ZIP + 4 (a) Number (c) Total (d)
Type of contribution contributions X Person FAROUK CHAOUNI **Payroll** 100 SOUTH POINTE DR APT 1210 9,900 Noncash (Complete Part II for MIAMI BEACH, FL 33139 noncash contributions.) (a) Number (b) Name, address, and ZIP + 4 (c) Total contributions (d)
Type of contribution Person 5__ INTERAUDI BANK Payroll 19 EAST 54TH ST 10,000. Noncash (Complete Part II for NY, NY 10022 noncash contributions.) (a) Number (b) Name, address, and ZIP + 4 (c) Total (d)
Type of contribution contributions Person DILLIP SHANGHVI Payroll 17/B MAHAL IND ANDHERI(E) 5,000 Noncash (Complete Part II for MUMBAI, India noncash contributions.)

1

of Part II

Name of organization

BAA

JEAN-ABRAHAM PY MEMORIAL FOUNDATION, INC

Employer identification number 46–3797622

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. from (b)
Description of noncash property given (d) Date received (c) FMV (or estimate) (see instructions) Part I N/A (a) No. from (b)
Description of noncash property given (d) Date received (c) FMV (or estimate) Part I (see instructions) (a) No. from (d) Date received (c) FMV (or estimate) (see instructions) Description of noncash property given Part I (a) No. from Part I (b)
Description of noncash property given (d) Date received (c) FMV (or estimate) (see instructions) (a) No. from Part I (b)
Description of noncash property given (d) Date received (c) FMV (or estimate) (see instructions) (a) No. from (c) FMV (or estimate) (see instructions) (d) Date received (b) Description of noncash property given Part I

1 to

of Part III

Name of organization
JEAN-ABRAHAM PY MEMORIAL FOUNDATION, INC

Employer identification number

46-3797622

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8) or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.					
contributions of \$1,000 or less for the year. (Enter this information once. See	itable, etc., instructions.)	► \$N/A		
(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
N/A					
(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
(b)	(6)		(d)		
Purpose of gift	Use of gift		Description of how gift is held		
Transferee's name, addres	Relationship of transferor to transferee				
(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
Transferee's name, addres	Relati	elationship of transferor to transferee			
(b)	(c)		(d) Description of how gift is held		
Transferee's name, addres	Relati	onship of transferor to transferee			
	organizations that total more than For organizations completing Part III, enter contributions of \$1,000 or less for the year. (Use duplicate copies of Part III if additional (b) Purpose of gift N/A Transferee's name, address Output Description:	organizations that total more than \$1,000 for the year. Complet For organizations completing Part III, enter total ofexclusively religious, char contributions of \$1,000 or less for the year. (Enter this information once. See Use duplicate copies of Part III if additional space is needed. (b) Purpose of gift N/A Transferee's name, address, and ZIP + 4 (c) Use of gift Transferee's name, address, and ZIP + 4 Transfer of gift Transferee's name, address, and ZIP + 4 Transfer of gift Transferee's name, address, and ZIP + 4 Transfer of gift Transferee's name, address, and ZIP + 4	organizations that total more than \$1,000 for the year. Complete columns (a) For organizations completing Part III, enter total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) Use duplicate copies of Part III if additional space is needed. (b) Purpose of gift (c) Use of gift N/A Transferee's name, address, and ZIP + 4 Transfer of gift Transferee's name, address, and ZIP + 4 Transfer of gift Transferee's name, address, and ZIP + 4 Transfer of gift Transferee's name, address, and ZIP + 4 Transfer of gift Transferee's name, address, and ZIP + 4 Transfer of gift Transferee's name, address, and ZIP + 4 Transfer of gift Transferee's name, address, and ZIP + 4 Transfer of gift Transferee's name, address, and ZIP + 4 Transfer of gift Transferee's name, address, and ZIP + 4 Transfer of gift Transferee's name, address, and ZIP + 4 Transfer of gift Transferee's name, address, and ZIP + 4 Transfer of gift Transferee's name, address, and ZIP + 4 Transfer of gift		

2013	Federal Statements	Page 1				
Client PYFOUNDA	46-3797622					
9/22/16	JEAN-ABRAHAM PY MEMORIAL FOUNDATION, INC	02:40PM				
Statement 1 Form 990-PF, Part I, Line 2 Other Expenses	23					
BANK FEE FILING FEES	(a) (b) Net (c) Expenses Investment Adjusted per Books Income Net Income \$ 10. 850. Total \$ 860. \$ 0. \$	(d) d Charitable Purposes \$ 10. 850. 5 860.				
Statement 2 Form 990-PF, Part VII-A, Line 10 Substantial Contributors During the Tax Year						
Name of Substantial	Contributor Address of Substantial Contr	ributor				
DANIEL PY	ONE HELENA AVE LARCHMONT, NY 10538					
JOSEPH AUDI	4 PRYER LANE LARCHMONT, NY 10538					
CHRISTIAN BAILLET	BLUELWIF 16 LAUENEN, Switzerland					
FAROUK CHAOUNI	100 SOUTH POINTE DR APT 1210 MAMI BEACH, FL 33139)				
INTERAUDI BANK	19 EAST 54TH ST NY, NY 10022					
DILLIP SHANGHVI	17/B MAHAL ANDHERI(E) India,					
<u></u>						
Statement 3 Form 990-PF, Part VIII, Line 1 List of Officers, Directors, Trustees, and Key Employees						
Name and Add	Title and Cont Average Hours Compen- butio ress Per Week Devoted sation EBP 8	n to Account/				
ELISABETH PY ONE HELENA AVE LARCHMONT, NY 10538	PRES/DIR \$ 0.\$	0. \$ 0.				
ANNE-LAURE PY ONE HELENA AVE LARCHMONT, NY 10538	TRES/DIR 0.	0. 0.				

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Federal Statements

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Client PYFOUNDA

JEAN-ABRAHAM PY MEMORIAL FOUNDATION, INC

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Statement 3 (continued) Form 990-PF, Part VIII, Line 1 List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
MARIE-PIERRE PY ONE HELENA DRIVE LARCHMONT, NY 10538	SEC/DIR 0	\$ 0.	\$ 0.	\$ 0.
DANIEL PY ONE HELENA DRIVE LARCHMONT, NY 10538	VP/DIR 0	0.	0.	0.
PASCALE PY ONE HELENA AVE LARCHMONT, NU 10538	VP/DIR 0	0.	0.	0.
	Total	\$ 0.	\$ 0.	\$ 0.

Statement 4 Form 990-PF, Part XV, Line 2a-d Application Submission Information

Name of Grant Program:

Name:

Elisabeth Py

Care Of:

Street Address:

One Helena Ave Larchmont , NY 10538

City, State, Zip Code:

Telephone:

E-Mail Address:

Form and Content:

Mail or email submissions accepted. Application should

include name and address of requesting party and

verification of tax exempt status. Application should include details/materials of specific project for which request is being made and impact on specified group of beneficiaries and/or geographical region. Applications are on a rolling basis. No restrictions if request is within parameters of mission statement and allowable by

tax exempt organization.

Submission Deadlines: Restrictions on Awards: